

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

(Inmate Number)

CT-7510

(Name of Plaintiff)

THOMAS BARNDT

(Address of Plaintiff)

1000 FOLLIES RD., DALLAS, PA 18612

vs.

Michael PUCCI

(Names of Defendants)

3: CV 05 2005

(Case Number)

COMPLAINT

FILED  
SCRANTON

DEC 27 2005

PER   
DEPUTY CLERK

TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS

☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?

☒ Yes ☐ No

- B. Have you filed a grievance concerning the facts relating to this complaint?

☒ Yes ☐ No

If your answer is no, explain why not \_\_\_\_\_

\_\_\_\_\_

- C. Is the grievance process completed? ☒ Yes ☐ No

**III. Defendants**

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

A. Defendant MICHAEL PUCCI is employed

as Sgt. MICHAEL Pucci at SCI- DALLAS

B. Additional defendants \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. Statement of Claim**

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

AT SCI-DALLAS BETWEEN 720 AND 735 AM

1. ON JUNE 22, 2004 DEFENDANT MICHAEL PUCCI HIT PLAINTIFF THOMAS

BARNDT IN THE FACE AND SLAMMED PLAINTIFFS' FACE INTO A WALL 4 TO 5 TIMES

WHILE PLAINTIFF WAS HAND CUFFED BEHIND HIS BACK. DEFENDANT

PUCCI THEN FALSELY CHARGED PLAINTIFF WITH ASSAULT.

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. COMPENSATORY DAMAGES - ~~XX~~ 4x \$15,000 for PAIN AND  
SUFFERING AND MONEY LOST. MENTAL ANGUISH, EMOTIONAL DISTRESS,  
AND ANXIETY. NOSE BLEED, FACE CUTS, AND SWELLING OF FACE.  
PLAINTIFF WAS PUT IN RHU FOR FALSE ASSAULT CHARGE.
2. PUNITIVE DAMAGES - \$15,000 DEFENDANT WAS MOTIVATED BY INTENT  
AND RECKLESS AND CALLOUS INDIFFERENCE  
TO PLAINTIFFS' RIGHTS.  
EXEMPLARY DAMAGES - \$10,000

3. PRELIMINARY INJUNCTION - TO ORDER PA DOC TO TRANSFER  
PLAINTIFF TO SCI COAL TOWNSHIP, SCI MAHANAY, OR SCI FRACKVILLE  
WHICH IS CLOSER TO PLAINTIFFS' FIVE GRAND-CHILDREN IN LEBANON

COUNTY. The Administration, CO's + Medical has  
something personal against Plaintiff.

(See A, B, C, D  
E, F

Signed this 22<sup>nd</sup> day of December, 2005

Thomas Barnhart  
 (Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

December 22, 2005  
 (Date)

Thomas Barnhart  
 (Signature of Plaintiff)

Form DC-135A		<div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED</div> <div style="display: flex; justify-content: space-between;"> <span>00T 09 2001</span> <span>Commonwealth of Pennsylvania Department of Corrections</span> </div>	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>PRC</u>	2. Date: <u>10-1-01</u>		
3. By: (Print Inmate Name and Number) <del>B-A-R-N-I</del> <u>[Signature]</u> Inmate Signature	4. Counselor's Name <u>MS. BORIS</u>		
6. Work Assignment	5. Unit Manager's Name		
7. Housing Assignment			
8. Subject: State your request completely but briefly. Give details.			
<p>that you let me out of RHU and cancel my transfer because of the following: On DC-141 PART III Review 9/6/01</p> <p>1. I do not have a "history of ASSAULTS against females".</p> <p>2. I ask MS. Wildenstein to allow me to have my magazines - I used a ?</p> <p style="text-align: right;">Thank you, <u>[Signature]</u></p>			
9. Response: (This Section for Staff Response Only)			
<p style="text-align: center;">NO!! you killed a female!</p> <p style="text-align: center;">you will be allowed 10 magazines.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

E. Kneiss  
Print

[Signature]  
Sign

Date

10/9/01

Revised July 2000

CC DSTM  
MAYN  
UNGR Wildenstein  
1.11 1.11

A

X

DC-7X

## TEMPORARY TRANSFER INFORMATION

COMMONWEALTH OF PENNSYLVANIA

THIS FORM IS TO BE FORWARDED TO AUTHORITIES  
ACCEPTING TEMPORARY CUSTODY OF THE INMATE.

DEPARTMENT OF CORRECTIONS

TO:  
LEBANON CO SHERIFF

FROM:  
SCI DALLAS  
(SEE INSTRUCTIONS BELOW)

DOC # CT7510  
NAME: BARNDT, THOMAS

PROBLEM  
AREAS

HOME ADDRESS: NONE PROVIDED  
UNK  
UNK

DOB: 10/14/1952

ALCOHOL: NV  
DRUGS: V

00000

BILL & TERM NUMBER:  
CP#11134 1991

SEXUAL:  
ASSAULT: V  
ESCAPE: V  
SUICIDE: NV  
PSYCH: NV

MINIMUM

MAXIMUM

SENTENCE: N/A

LIFE

EXPIR. DATE: N/A

N/A

CHARGE: MURDER (1ST DEGREE)

DETAINER(S): PLEASE BE ADVISED THAT THIS INMATE IS SUBJECT TO LAWFUL COMMITMENT TO THE PA DOC, TO WHICH HE/SHE HAS NOT YET BEEN DISCHARGED. THIS INDIVIDUAL IS TO BE RETURNED TO THE CUSTODY OF THE PA DOC UPON COMPLETION OF THIS TEMPORARY TRANSFER.

THE ABOVE NAMED INMATE IS BEING TRANSFERRED ON 6/03/2002 FOR THE PURPOSE OF:  
COURT

TO ASSIST IN SUPERVISING THIS INMATE WHILE IN YOUR CUSTODY, THE FOLLOWING  
INFORMATION IS FURNISHED:

## CUSTODIAL CLASSIFICATION:

CUSTODY LEVEL: 3 GENERAL POPULATION  
CUSTODY PROGRAMS  
OBSERVATION LIFER

## SPECIAL PROBLEMS:

EXTRA SECURITY PRECAUTIONS  
ESCAPE VERIFIED

## SEPARATE FROM:

STAFF WILDENSTEIN, BRENDALEE

THIS IS TEMPORARY  
TRANSFER INFORMATION  
ON ME WITH ESCAPE  
VERIFIED ON IT. I  
NEVER HAD AN ESCAPE.

SEE STATUS SHEET 3/31/2005.

RECOMMENDATIONS:

JOHN FLAHERTY

DATE: 05/31/2002 SIGNATURE:

TITLE: RS 2

INSTRUCTIONS: THIS FORM IS TO BE GIVEN TO THE OFFICERS ASSUMING CUSTODY OF  
INMATE FOR DELIVERY TO THE COGNIZANT AUTHORITY. PREPARE IN

B

X



# COMMONWEALTH OF PENNSYLVANIA

## DC16E - SENTENCE STATUS SUMMARY DEPARTMENT OF CORRECTIONS

Name: Thomas Barndt

Inmate #: CT7510

Draft for Version No: 3 as on 3/31/2005 8:24:20 AM

**1. REFERENCES AND IDENTIFICATION**

<b>DOC #</b> CT7510	<b>Commitment Name</b> THOMAS BARNDT	<b>PBPP #</b> 6650H	<b>SID #</b> 10408971	<b>FBI #</b> 07761J10	<b>Phila Photo #</b>
<b>DOB</b> 10/14/1952	<b>Place of Birth</b> LEBANON PA USA			<b>Race</b> W	<b>Sex</b> M

**2. SENTENCE SUMMARY**

Sent Date	County/State/Federal	Indictments	Sent Type	Minimum			Maximum		
				Y	M	D	Y	M	D
05/17/1995	Lebanon	CP#11134/0091		Life			Life		
Plea:	Found Guilty	OTN: C5130613	Judge: EBY, ROBERT J.						
Offense:	CC2502A - MURDER (1ST DEGREE)								

<b>Reception Date</b>	05/22/1995	<b>Reentered from DOC #</b>	
<b>Controlling Minimum Date</b>	Life	<b>New Maximum - PV</b>	
<b>Controlling Maximum Date</b>	Life	<b>Problematic Offense</b>	YES

**Summary or Remarks on Sentence**

<b>Remarks</b>	Version 2 created. Detainer added. Version 3 created, sentenced on detainer.
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**3. SENTENCE STRUCTURE**

<b>Commitment Credit</b>
Computation 1 CP#11134/0091 : 11/23/1991 to 05/17/1995

<b>Remarks</b>	
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**Bail/Escapes/Interruption Time Data**

None
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DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

10011  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: WEST-DALLA	DATE: 12-12-05
FROM: (INMATE NAME & NUMBER) BARNDT T ST-7510	SIGNATURE of INMATE: <i>Thomas Barndt</i>	
WORK ASSIGNMENT: _____	HOUSING ASSIGNMENT: H-69	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

The 4th & 5th floor in a row in  
Della Medical Center. I am  
inmate Barndt H-69 treatment.  
I had no something against  
inmate Barndt. I am  
happy to have Barndt  
inmate assault.

B. List actions taken and staff you have contacted, before submitting this grievance.

DR. Bohinski; D.O.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

*Galen S. [Signature]*  
Signature of Facility Grievance Coordinator*12/15/05*  
Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

D

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

1311  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: Dallas	DATE: 12-13-05
FROM: (INMATE NAME & NUMBER) EARNST T F7510	SIGNATURE of INMATE: Thomas Earnst	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: H-67	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

I have complained to medical but DR Hale about pain in my stomach for 2-3 weeks. I have never gotten better after taking Lasid.

I have also complained to a NAR about a bulge in my groin as a medical will not treat.

## B. List actions taken and staff you have contacted, before submitting this grievance.

Sick call to Dr. Pinski

Your grievance has been received and will be processed in accordance with DC-ADM 804.

[Signature]  
Signature of Facility Grievance Coordinator

12/15/05  
Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised  
December 2000

E



# hinge on witness

By Jack Sherzer  
Patriot-News

LEBANON — Depending on whether it's the prosecution or defense doing the arguing, the bits of evidence either point directly at Thomas Barndt as the killer of his wife, or they merely are parts of an incomplete puzzle.

And as a Lebanon County jury begins deliberating today, much may come down to the strength of the glue holding the parts of the prosecution's puzzle together: Michael Bercheny, a self-described alcoholic who began telling police contradictory stories of helping Barndt with the killing only after he was facing charges for another crime.

It wasn't until June 1992 that Bercheny, facing rape and sexual-assault charges, told police how he entered the home at 1030 Colerbrook Road on Sept. 30, 1991, after hearing a shot, and saw Barndt standing over the body of his wife, Andrea Barndt, 31.

At first, Bercheny said he didn't remember much, but after detectives kept at him to work on his memory, he eventually confessed to helping a 31-year-old wife in a second-floor bedroom where her husband was killed on Nov. 30, 1991.

Yesterday, Barndt's lawyer, Charles P. Buchanio, characterized Bercheny as a liar trying to get out of trouble and merely telling police details he read in the newspaper. He scoffed at Bercheny's story that "memory exercises" have helped him recall a crime of which he initially denied any knowledge.

"Give me a break," Buchanio said, raising his hands in mock frustration. "My client is sitting over there because somebody has to do memory exercises to remember something after he is

See TRIAL — Page B8



Patriot-News/Ton

**TRYING TIMES** — Family members, from left, Linda Barndt, Gianna Barndt and [REDACTED] wait for trial to resume in Lebanon County Courthouse. See story B8.

LEBANON CO.

## Barndt's fate may hinge on witness

**TRIAL — From Page B1**

charged with rape — I suggest to you that that is criminal."

The rape charges were dropped when the woman did not appear for court and the prosecution has agreed to dismiss homicide and conspiracy-to-commit-homicide charges against Bercheny in return for his cooperation.

Noting the testimony linking many of the witnesses, the victim and his client to both alcohol and drug abuse, Buchanio suggested

to jurors that Andrea Barndt traveled in a dangerous world, a world that could have produced a killer other than his client.

Numerous witnesses described Andrea Barndt's drug use. She was on probation at the time of her death and had been convicted in 1985 for forging her mother's name on checks for more than \$3,000 in check

has been recovered; and no other witnesses who put Thomas Barndt at the crime scene, Buchanio argued.

District Attorney Daniel Ehrgood, however, stuck to the theme expressed in his opening argument, describing the crime again as one of anger borne of lack of control — Barndt's inability to stop his wife

Andrea Barndt.

Ehrgood pointed to the space as a hiding spot no one would know existed and that Bercheny's very inconsistencies gave him credibility.

"If he was going to lie, he put himself up on the stand and give what is admitted consistent evidence?" Ehrgood said. "If Michael Bercheny is a liar you'd have had a story remarkably consistent with known evidence that you say 'My, my.'"

F

X

**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS  
COMPLAINT UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

**COVER SHEET**

THIS COVER SHEET CONTAINS IMPORTANT INFORMATION ABOUT FILING A COMPLAINT AND YOUR OBLIGATIONS IF YOU DO FILE A COMPLAINT. READ AND COMPLETE THE COVER SHEET BEFORE YOU PROCEED FURTHER.

\*\*\*\*\*

The cost for filing a civil rights complaint is \$150.00.

If you do not have sufficient funds to pay the full filing fee of \$150.00 you need permission to proceed *in forma pauperis*. However, the court will assess and, when funds exist, immediately collect an initial partial filing fee of 20 percent of the greater of:

- 1) the average monthly deposits to your prison account for the past six months; or
- 2) the average monthly balance in your prison account for the past six months.

Thereafter, the institution in which you are incarcerated will be required to make monthly payments of 20% of the preceding month's deposits credited to your account until the entire filing fee is paid.

**CAUTION: YOUR OBLIGATION TO PAY THE FULL FILING FEE WILL CONTINUE REGARDLESS OF THE OUTCOME OF YOUR CASE, EVEN IF YOUR COMPLAINT IS DISMISSED BEFORE THE DEFENDANTS ARE SERVED.**

\*\*\*\*\*

1. You shall file a complaint by completing and signing the attached complaint form and mailing it to the Clerk of Court along with the full filing fee of \$150.00. (In the event attachments are needed to complete the allegations in the complaint, no more than three (3) pages of attachments will be allowed.) If you submit the full filing fee along with the complaint, you DO NOT have to complete the rest of the forms in this packet. Check here if you are submitting the filing fee with the complaint form. \_\_\_\_\_

2. If you cannot afford to pay the fee, you may file a complaint under 28 U.S.C. § 1915 without paying the full filing fee at this time by completing the following: (1) Complaint Form; (2) Application To Proceed In Forma Pauperis; and (3) Authorization Form. You must properly complete, sign and submit all three standard forms or your complaint may be returned to you by the Clerk of Court. Check here if you are filing your complaint under 28 U.S.C. § 1915 without full prepayment of fees. ✓

**Please Note:** If your case is allowed to proceed and you are awarded compensatory damages against a correctional facility or an official or agent of a correctional facility, the damage award will first be used to satisfy any outstanding restitution orders pending. Before payment of any compensatory damages, reasonable attempts will be made to notify the victims of the crime for which you were convicted concerning payment of such damages. The restitution orders must be fully paid before any part of the award goes to you.

**DO NOT DETACH THE COVER SHEET FROM THE REST OF THE FORMS**